

Distribution of form: Original - Appellate court
1st copy - Trial court
2nd copy - Appellate/Attorney

3rd copy - Appellant/Attorney
4th copy - Reporter/Recorder
JIS Code: RRC

Approved, SCAO

STATE OF MICHIGAN JUDICIAL DISTRICT 3rd JUDICIAL CIRCUIT COUNTY PROBATE		REPORTER/RECORDER CERTIFICATE OF ORDERING TRANSCRIPT ON APPEAL Appeal to: <input checked="" type="checkbox"/> Court of Appeals <input type="checkbox"/> Circuit	CASE NO. 19-1972 017C
Court address 1441 St. Antoine St., FMHJ, Detroit MI 48226		Court telephone no.	
Plaintiff's/Petitioner's name(s) and address(es) People of the State of Michigan		Defendant's/Respondent's name(s) and address(es) Mendel Mark Moore	
Plaintiff's attorney, bar no., address, and telephone no. Wayne County Prosecutor - Appeals 1441 St. Antoine St., 12th Floor Detroit MI 48226		Defendant's attorney, bar no., address, and telephone no. State Appellate Defender Office Penobscot Building 645 Griswold St. 3300 Detroit, MI 48226 (313) 256-7433	
<input type="checkbox"/> Probate In the matter of _____			

This certificate must be filed by the appellant or the reporter/recorder within 7 days after the transcript is ordered on appeals to the Court of Appeals. This certificate must be filed by the appellant within 7 days after the transcript is ordered on appeals to the circuit court.

I am a certified court reporter/recorder for the court designated above and I certify that:

1. On 2/13/20 ☒ a portion of the ☐ the complete transcript of proceedings, taken in this case before Hon. Kelly Ramsey (P39321) on 10/15/2019 ✓

Date(s) _____, was ordered by

- ☐ a. _____, attorney for _____ Name (type or print)
- ☐ b. the appellant, _____ Name (type or print)
- ☐ c. the appellee, _____ Name (type or print)
- ☐ d. the court.

Processed
Notice of Filing Sent

Clerk

2. Payment has been secured and the transcript will be furnished by me on or about 5/14/2020
Estimated number of pages is _____ Estimated date of completion

☐ 3. The transcript has been filed with the court and furnished as requested. Date filed: _____

☐ 4. There is no record to be transcribed.

3-2-2020

Date

Reporter/Recorder signature

Shalaan K. Fisher

Name (type or print)

CSR-2284

Certification designation and number

P.O. Box 36654

Business address

Grosse Pte. Farms MI 48236 313-881-3380

City, state, zip

Telephone no.

List names, certification designations and numbers, and dates of each proceeding of each reporter or recorder who reported or recorded or transcribed any part of the proceedings: